

FOR BOARD OF HEALTH	DATE RECEIVED:	DATE ISSUED:	PERMIT NO. TMP -	YEAR 2008
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APPLICATION FOR PERMIT TO OPERATE A FOOD SERVICE ESTABLISHMENT

CASH ☐

CHECK ☐



NORTHAMPTON BOARD OF HEALTH
212 MAIN STREET
NORTHAMPTON, MA 01060
(413) 587 - 1214

LICENSE FEE: \$50.00

Date _____

Name of Establishment _____

Business Address _____

Mailing Address (If different) _____

Name & Title of Applicant _____

Address of Applicant _____

Name of Owner (If different) _____

If corporation or partnership, give name, title & home address of officers or partners.

<u>Name</u>	<u>Title</u>	<u>Home Address</u>

NAME OF CERTIFIED FOOD MANAGER (If required):
COPY OF CERTIFICATE MUST BE ATTACHED IF PHFs ARE SOLD.

NOTE: As of **October 1, 2001**, at least one Certified Food Manager is required for all Food Service Establishments which handle potentially hazardous foods (PHFs). The Board of Health may require a certificate to be provided prior to the issuance of any Temporary Food Service Establishment license should it be deemed that the handling of certain potentially hazardous foods (PHFs) mandates it.

Type of Establishment	Fee	Duration of Permit	Amount to be Paid
Retail Food	<input type="checkbox"/>	Annual	<input type="checkbox"/>
Food Service	<input checked="" type="checkbox"/> <u>\$50.00 each</u>		Total Fee(s):
Bar Service	<input type="checkbox"/>	Seasonal	<input type="checkbox"/>
Caterer	<input type="checkbox"/>		<div style="border: 1px solid black; padding: 5px; display: inline-block;">\$50.00</div>
Mobile Food	<input type="checkbox"/>	Temporary	<input checked="" type="checkbox"/>
Mobile Retail	<input type="checkbox"/>		
Residential	<input type="checkbox"/>		
Bed & Breakfast	<input type="checkbox"/>		

Location/Event: _____ **Main Food Products:** _____

Date's) of Operation: _____

_____ Social Security or Federal ID#

_____ Telephone # _____ Signature of Individual or Corporate Officer

PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON